

facilitated shared learning and encouraged creative approaches to support.

Conclusion: The UTLA initiative provides a personalized mentorship and supervision framework that enables medical students to excel during psychiatry placements and fosters interest in psychiatry as a career. Future steps include improving communication about UTLA roles, adjusting check-in frequency, and conducting regular evaluations to refine the scheme based on feedback from both students and the UTLAs.

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Changing Course: An Educational Tool for Antipsychotic Switching

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Aims: There is a notable lack of standardised guidelines on antipsychotic switching, including in the Maudsley Prescribing Guidelines. This presents a challenge for psychiatrists who must navigate complex decisions regarding efficacy, side effects, and receptor-binding properties when transitioning patients between antipsychotics. This project aimed to develop an educational tool that synthesizes information on antipsychotic efficacy and receptor profiles to assist clinicians in making evidence-based switching decisions. The tool was inspired by the need for a structured approach to antipsychotic transitions, incorporating data from Stahl's Essential Psychopharmacology and relevant receptor-binding research.

Methods: A comprehensive literature review was conducted to consolidate information on the pharmacodynamics and efficacy of commonly used antipsychotics. Research studies detailing receptor affinities for dopamine, serotonin, histamine, muscarinic, and adrenergic receptors were examined.

Results: The educational tool provides a structured framework for psychiatrists, offering guidance on selecting an appropriate switching strategy. The educational tool was designed to visually present this information, allowing clinicians to compare medications based on receptor binding, side effect profiles, and equivalent dosing strategies. It also included switching strategies, emphasizing cross-titration and pharmacodynamic considerations to minimize withdrawal and receptor rebound effects. It highlights receptor-mediated rebound effects e.g., H1-related insomnia, M1-related agitation. By integrating receptor-based pharmacological data with practical clinical considerations, the tool enhances decision-making in scenarios where guidelines are lacking.

Conclusion: The absence of clear guidelines for antipsychotic switching necessitates a standardized, evidence-based approach. This educational tool consolidates pharmacological knowledge to aid psychiatrists in optimizing treatment transitions, minimizing withdrawal effects, and improving clinical outcomes. Future iterations could incorporate real-world validation studies to assess its impact on prescribing decisions and patient outcomes.

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A Comparison of Online and Blended Learning for Improving Trauma-Informed Practice Education Outcomes

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Aims: This study aimed to compare the effectiveness of online and blended learning in improving doctors' understanding, recognition of trauma signs and symptoms, and confidence in applying trauma-informed practice. The goal was to determine which teaching method leads to greater self-reported improvements.

Methods: The online teaching method was delivered through Microsoft Teams. The blended learning programme consisted of both an online component via MS Teams and in-person attendees. Both methods encouraged discussion and interaction. Sessions were organised during established academic time slots for resident doctors. Pre- and post-teaching questionnaires, using a Likert scale, were administered to doctors with varying levels of experience, working across different roles. Results were analysed by calculating the percentage of participants' agreement in relation to key statements examining understanding, confidence, awareness, and recognition of signs and symptoms of trauma response, before and after the teaching intervention. Differences in sample size and participants' experience were considered when interpreting the results.

Results: Blended learning showed significantly greater improvements compared with online learning. In the blended learning group, the percentage of participants who strongly agreed that their understanding had improved rose from 0% to 60%, while the online learning group increased from 0% to 20%. For recognizing trauma signs and symptoms, the blended learning group showed an increase from 14% to 100%, compared with an increase from 0% to 20% in the online group. Confidence also improved more in the blended learning group, rising from 0% to 40%, compared with an increase from 0% to 20% in the online group.

Conclusion: These findings suggest that blended learning is a more effective teaching method for improving understanding, recognition, and confidence in trauma-informed practice education outcomes compared with online learning. However, the variation in participants' professional backgrounds and experience likely influenced the results, with more experienced doctors potentially benefiting more from certain aspects of the teaching. Future efforts should focus on tailoring blended learning approaches to participants' experience levels and expanding sample sizes to confirm these findings.

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Can Poetry Be Used as an Educational Tool to Improve Understanding of Psychosis?

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Aims: Mental health disorders are a leading cause of disability and mortality globally, with the UK burden rising post COVID-19. Increasing understanding of mental health is key to better care. We advocate for using poetry to communicate mental health experiences. Integrating art with science, as shown by Carvalho, da Fonseca and de Melo Tavares, 2021, enhances emotional growth and self-awareness. Muszkat et al., 2010, found poetry reading fosters empathy in medical students.

Psychosis, often linked to schizophrenia, can be difficult to relate to. Hence, the first author aimed to create a poetry collection to deepen understanding of the phenomenon.

Methods: To construct poems, a library of 15 patient experience videos on psychosis was curated. They were analysed and key themes were identified for clinician learning. Poetic condensation was used to create a collection of 7 poems covering themes identified.

To assess the external validity of the poems, 40 participants spanning medical students, academic lecturers, and junior doctors were recruited. Participants read the collection and provided anonymous feedback via a questionnaire. Participants rated statements on a 5-point Likert scale and provided free-form comments.

Results: Sample poem:

Herring.

*It started with moving ground.
Melting objects and furniture
An itch I couldn't reach
Spiders I couldn't rid.
Waiting to be salvaged
One day I was fish in a car
drowning when no one was swimming.
That's when I knew*

'Herring' showcases hallucinations and delusions experienced during psychotic episodes and incorporates themes of isolation and fear.

External validity: One participant had personal experience of psychosis and reported that the collection accurately reflected their experience.

Among those with clinical experience, 80% agreed the poems depicted psychosis accurately. 75% of participants reported increased understanding, and 90% would recommend the collection. Some participants expressed interest in exploring the themes further in a workshop setting.

Conclusion: This study developed an evidence-based poetry collection on psychosis, using a method that allowed for patient voices to be centred while minimising damage to their mental wellbeing. Presenting knowledge in this way is also useful for engaging the public in recognising the signs of psychosis and understanding their loved one's experiences. Incorporating medical humanities, allows for novel and creative ways of information assimilation. Future work more directly assessing the impact on empathy in medical trainees would be beneficial.

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Empowering Mental Health Inpatients: Insights Into Voting Rights Awareness and Support

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Aims: This study explores the knowledge, barriers, and support related to voting rights among mental health inpatients and staff at an inpatient mental health hospital. It evaluates the impact of an educational intervention implemented prior to the July 2024 UK General Election, aimed at enhancing staff knowledge and supporting patient participation in the electoral process.

The aim of this study is to evaluate staff and patients' views on inpatient voting rights, identify barriers to participation, and evaluate the impact of an educational intervention on staff knowledge and patient support.

Methods: Surveys completed by 92 staff members pre-intervention and 28 staff members post-intervention to assess knowledge of voting eligibility, barriers to participation, and support strategies. Patient surveys were completed by 53 patients pre-election and 37 post-election, exploring their awareness, voting intentions, and challenges.

Results: Post-intervention, staff knowledge significantly improved, with 75% correctly identifying the voting rights of patients without capacity, up from 36%. Additionally, 17.6% of staff correctly identified all voting eligibility categories pre-intervention, with notable improvement afterwards. Common barriers reported by staff included lack of awareness, legal uncertainties, and logistical challenges. Among patients, 85% believed they had the right to vote, but only 43% intended to vote. Post-election, 81% of patients were aware of the general election, yet only 14% participated in voting. Barriers to participation included physical challenges and voter registration issues, with limited support contributing to low turnout.

Conclusion: The educational intervention enhanced staff knowledge of voting rights, but significant barriers remain, particularly around patient registration and logistical support. Despite high awareness among patients, low turnout highlights the need for continued staff training and efforts to address barriers. The findings from this research will guide the development of a trust-wide policy to support inpatient voting in future elections.

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INSIGHT (Staff): Prison Healthcare Professionals' Attitude to Medical Student Psychiatry Placements and Understanding of Social Determinants of Health

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Aims: The Social Determinants of Health (SDOH) are generally taught as epidemiological facts rather than clinically relevant context. Psychiatry placements at HMP Berwyn (INSIGHT) provide medical students with exposure to SDOH at an individual level, allowing them to learn about the unique challenges faced by both the inmates and clinicians.

Aims were to explore healthcare professionals' (HCPs) attitudes on psychiatry prison placements as a medical education measure to teach about social determinants in physical and mental health.

Methods: HCPs working at HMP Berwyn were surveyed. Questions were structured to answer whether these placements benefit